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SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
Brookings Register		9-30-2020
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
1	301	188 -

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 312 5th St PO Box 177 Brookings SD 57006

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO Box 177 Brookings SD 57006

6. FULL NAME OF PUBLISHER: William McMacken

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME — COMPLETE MAILING ADDRESS

See Attached

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS — Pre 9 months	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE — 9/30
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	5,061	4,794
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors, and counter sales.	1,358	1,299
2. Mail Subscription (Paid and or requested)	2,096	1,975
3. Paid Electronic Copies	529	564
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	3,983	3838
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	251	251
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	391	353
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	4725	4442
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	100	100
2. Return from News Agents	236	252
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	5061	4794

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Will McMacken — (Signature)

Publisher — (Title)

State of South Dakota)
§
County of)

Sworn to before me this 30 day of September, 2020

AARON JORENBY
(Seal) NOTARY PUBLIC SOUTH DAKOTA

Notary Public

My commission expires: Feb 20, 2026

Form: SOS REC 051 9/2016

10. Owner *(Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)*

Full Name	Complete Mailing Address
News Media Corporation	211 Hwy 38 East, Rochelle, Il 61068
John C. Tompkins	211 Hwy 38 East, Rochelle, Il 61068
R. Michael Tompkins	211 Hwy 38 East, Rochelle, Il 61068

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box → ☐ None

Full Name	Complete Mailing Address
American Bank & Trust	1820 Dakota Ave S, Huron, SD 57350